

**Clayton Dabney for Kids with Cancer
Case Request Information Sheet**

(To be completed by referring Case Worker only - please fill out in entirety)

Request Date: _____

Child's Name: _____ Child's DOB: ___/___/_____

Current Age: ____ Cancer Diagnosis: _____ Diagnosis Date: ___/___/_____

Current Physical Level of Function: (Please check one or more)

Independent: ____ Wheelchair Bound: ____ Bed Bound: ____

Currently inpatient: (Y/N) If yes, date admitted: ___/___/_____

IV fluids/medication requirement: (Y/N) Oxygen Requirement: (Y/N)

Bone Marrow Transplant: (Y/N) If yes, date of BMT: ___/___/_____

Cancer diagnosis status is end stage and terminal: (Y/N)

Estimated survival: Days
 Weeks
 Months

Hospice Care: (Y/N) If yes, date: ___/___/_____

On/Off Chemotherapy: Phase I
 Phase II
 Palliative

Relapse: (Y/N) If yes, date: ___/___/_____

Please summarize the family's request from CD: _____

Family is qualified as financially disadvantaged based on the following information:

Father's occupation and/or income level: _____

Mother's occupation and/or income level: _____

Family information (ie: number of children in the home, financial status, etc.): _____

Family's mailing address: _____

Family cell phone (to be used only if necessary): _____

Name of requesting hospital/hospice care: _____

Requesting Social Worker: _____ Telephone: _____

Email: _____ Pager: _____